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BOROUGH OF SALE



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1951

BOROUGH OF SALE



REPORT

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MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1951

The Mayor

Alderman W. A. COSTELLO, J.P.

The Deputy Mayor

Councillor L. BETHELL

Health Committee

Chairman: Councillor T. F. HAMPSON

Vice-Chairman: Alderman W. A. COSTELLO, J.P.

Alderman F. D. GEE, C.C.

„ F. H. HIGHLEY, J.P.

Councillor W. L. BEEBY, O.B.E., M.I.Mech.E., M.I.P.E.

„ L. BETHELL

„ T. BRINDLEY

„ Mrs. M. CAVE

„ H. H. CUNLIFFE, C.C.

„ S. P. HARRIS

„ W. A. JONES

„ J. K. KERR

„ F. S. LAUGHTON

„ Mrs. W. M. PHILLIPS, M.A., J.P.

„ F. B. TAYLOR

„ R. M. WILLAN

OFFICIALS OF THE HEALTH DEPARTMENT

Medical Officer of Health

A. TELFORD BURN, M.B., B.S., D.P.H.

Senior Sanitary Inspector

W. NORRIS, Cert. S.I.B.

Certified Meat and Food Inspector

Sanitary Inspector

G. WATERWORTH, Cert. S.I.B., D.P.A.

Certified Meat and Food Inspector

Certified Smoke Inspector

Clerk

W. SHEPHERD

Annual Report of the Medical Officer of Health

For the Year ending 31st December, 1951

*To His Worship the Mayor, Aldermen and Councillors
of the Borough of Sale*

Mr Mayor, Ladies and Gentlemen,

I have the honour to present to you my report on the health and sanitary conditions of Sale during 1951.

There was a marked fall in the birth rate and at the same time an increase in the death rate which led to the smallest natural increase of population in the Borough since its incorporation. This was only 55 compared with 170 in the previous year. The high death rate was due mainly to respiratory and cardiac disease following an influenza outbreak at the beginning of the year, which particularly affected elderly people.

Apart from this the general level of health has been quite satisfactory throughout the year. After the serious setback to the immunisation schemes against diphtheria and whooping cough which resulted from reports about the association of such schemes with the onset of poliomyelitis, we have had some improvement this year and the proportion of infants so protected is again rising.

Once again I must express regret that the problem of atmospheric pollution is worsening, not so much from the amount of soot deposit as from the presence of acid fumes in the air which have an obvious effect on foliage and on fabrics, and which can be assumed to be a serious menace to the lungs of people who are breathing this polluted air. The Council, together with their neighbours, are investigating this problem continuously and have taken part in a deputation to the Ministry of Local Government in an endeavour to improve the control of offending industrial plants.

The report on the Local Health Authority services provided by the Cheshire County Council within the Borough is again appended so as to give an overall picture of the health services at work in the district.

In compiling this report I have had the assistance of many other officers of the Council and to them I would like to express my thanks. The majority of that section of the report dealing with the sanitary circumstances of the area has been written by Mr Norris to whom my special thanks are due for his work not only in the preparation of this report but throughout the year.

Finally, in presenting the report, I would like to acknowledge the encouragement and support which I have received from the interest taken by the members of the Health Committee, and indeed, by all the members of the Council, in the work of the Health Department during the year.

I am,

Your obedient Servant,

A. TELFORD BURN,

Medical Officer of Health.

SECTION A

Statistical Summary and Social and General Conditions of the Area

<i>Area</i>	....	....	....	....	....	....	3,628·5 acres
<i>Population</i> —Registrar-General's estimate of resident population (mid-1951)	....	....	....	....	....	....	42,930
<i>Houses</i> —Number of inhabited houses at end of 1951	....	....	....	....	....	....	13,618
<i>Housing density</i> —Average number of houses per acre	....	....	....	....	....	....	·3·7
<i>Size of household</i> —Average number of persons per house	....	....	....	....	....	....	3·2
<i>Rateable value of the district</i>	....	....	....	....	....	....	£332,664
<i>Income of a penny rate</i>	....	....	....	....	....	....	£1,348

Sale is a pleasant residential borough, situated about 5½ miles south-west of Manchester, astride the main road to Chester and North Wales. There are a few light industries within the district, but the majority of the working population is employed in the neighbouring industrial areas of Broadheath and Trafford Park, or in the business houses of Manchester.

During the five years between the incorporation of the Borough and the war almost 3,000 good-class residential houses were built, about 90% of them for private owners, and this has served to raise the average standard of housing in the area.

There is one main and several subsidiary shopping centres, and the town is provided with over 100 acres of publicly owned parks and open spaces for recreational purposes, and two golf courses.

There has been no change in the provision of open spaces during the year. The following details of the publicly owned parks, recreation grounds and open spaces have been provided by the Borough Surveyor.

	<i>Area in acres</i>						
Worthington Park	16·14
Ashton Park	13·68
Walton Park	12·55
Priory Gardens	3·17
Brooklands Rest Park	1·12
Northenden Road Little Park	0·62
Lonsdale Rest Park	0·20

	<i>Area in acres.</i>
Clarendon Crescent Playing Fields	12.68
Crossford Bridge Recreation Ground	8.99
Sale Moor Cricket Ground	2.95
Kelsall Street Children's Playground	1.33
Harley Road Children's Playground	1.23
Moor Nook (undeveloped)	13.20
Cecil Avenue Site (undeveloped)	13.13
Altrincham/Sale Boundary—Brook Reservations	6.16
Manchester/Sale Boundary—Brook Reservations	6.57
Ashbourne Crescent	0.37
Carrington Lane Island Site	0.21
Fairy Lane	0.26
North Parade Island Site	0.22
Overton Creseent	0.64

Vital statistics

Births

589 live births (302 males, 287 females) were registered in the Borough during the year compared with 640 during 1950 representing a fall of 8%; of these 569 were legitimate and 20 illegitimate (3.4%).

In addition there were 16 stillbirths (8 males and 8 females) all of which were legitimate.

The live birth rate was 13.7 per thousand of the population and the still birth rate 0.37 per thousand population or 26.4 per thousand total births. These figures compare unfavourably with the average rates for the whole of England and Wales which were 15.5, 0.36 and 22.8 respectively. To have reached the national birth rate would have required 665 live births in Sale during the year.

For comparison it may be noted that the figures in Sale for 1950 were 14.7, 0.32 and 21.4 respectively all of which were better than those for 1951.

Once again the high percentage of births in hospital and nursing homes is worthy of note, being 86.7% of the births (511). Last year's figure was 86.5%.

Deaths

There were 534 deaths of Sale residents during the year of which 257 were males and 277 were females. This represents a death rate of 12.4 per thousand of the population compared with an average of 12.5 for England and Wales. This figure shows a very steep rise on last year when the rate was 10.8 per thousand. This was accounted for by the large number of deaths which occurred during January when

there was an influenzal type of outbreak in the district and no fewer than one fifth of all the deaths took place during that month. As is common with respiratory conditions this outbreak affected elderly people more severely, 75⁰/₁₀₀ of the deaths during the month occurring at over 65 years of age.

Table II classifies the deaths according to age sex and cause. As in 1950 the majority of male deaths were spread fairly evenly over the age groups from 45 upwards while almost half the female deaths occurred at over 75 years and three-quarters at over 65 years. The average age at death was 62 for males and just under 70 for females. Heart diseases again were the main cause of death in both sexes accounting for 67 males and 85 females. Intracranial vascular lesions (cerebral haemorrhage and clot on the brain) were the next most numerous group causing 93 deaths. Cancer caused 85 deaths, 45 males and 40 females dying from this group of diseases, and respiratory diseases (which accounted for 70 deaths) were fourth in order of importance.

It is of interest to note the age and sex incidence of certain diseases. Coronary disease and angina caused more than half of the deaths from heart disease in men but only just over one quarter in women. More than half of the men who died from this complaint were under 65 years of age but only one-fifth of the women were equally young. It was in fact the largest single cause of death in men of working age and, in view of its increased incidence compared with last year, merits serious investigation. Once again the incidence of cancer of the lung has fallen much more heavily on men than on women and over the last three years 32 men have died from this disease compared with only 5 women. Recent research has suggested that smoking is in some way associated with the increased occurrence in men, but I doubt whether six times as much tobacco is smoked by men as by women.

Infantile mortality

19 children (14 males and 5 females) died within one year of birth. This is equivalent to an infantile mortality rate of 32.2 per thousand associated live births, compared with a rate of 29.6 for England and Wales and 37.5 for Sale in the previous year.

The age and cause of death in these cases has been classified in Table IV. From this it will be noted that only four deaths were due to conditions arising after birth which were preventable.

Two deaths were due to congenital abnormality and were, in the present state of medical knowledge, unpreventable. The remaining 13 deaths were due to prematurity or failure of the baby's respiratory system to function, a condition which is often associated with abnormal duration of labour. The causes of such conditions are not fully known but adequate ante-natal care and supervision during labour help to reduce their occurrence.

Maternal mortality

Once again there have been no maternal deaths.

TABLE I

Summary of Vital Statistics*Births*

<i>Live births</i>				Males	Females	Total
Legitimate ....	....	....	....	290	279	569
Illegitimate ....	....	....	....	12	8	20
Total....	....	....	....	302	287	589

Still births

Legitimate ....	....	....	....	8	8	16
Illegitimate ....	....	....	....	0	0	0
Total....	....	....	....	8	8	16
Live birth rate per 1,000 population ....	....	....	....	....	....	13.7
Still birth rate per 1,000 population	....	....	....	....	....	0.37
Still birth rate per 1,000 total (live and still) births ....	....	....	....	....	....	26.4

Deaths

	Males	Females	Total	
	257	277	534	
Death rate per 1,000 population	....	....	....	12.44
Infantile mortality (deaths of	Males	Females	Total	
infants under 1 year)	....	14	5	19
Infantile mortality rate per 1,000 associated live births	....	....	....	32.2
Maternal mortality (deaths associated with child-bearing)	....	....	....	Nil
Maternal mortality rate (deaths per 1,000 total births)	....	....	....	Nil

TABLE II
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

CAUSES OF DEATH	Sex	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75 & over	All ages
ALL CAUSES	M	14	3	1	1	12	78	80	68	257
	F	5	3	-	1	9	47	76	136	277
1 Tuberculosis, respiratory	M	-	-	-	-	1	2	3	-	6
	F	-	-	-	-	1	1	1	-	3
2 Tuberculosis, other	M	-	-	1	1	-	1	1	-	4
	F	-	1	-	-	-	-	-	-	1
3 Syphilitic disease	M	-	-	-	-	-	2	-	-	2
	F	-	-	-	-	-	-	-	-	-
4 Diphtheria	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
5 Whooping cough	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
6 Meningococcal infection	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
7 Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
8 Measles	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
9 Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-
	F	-	1	-	-	-	-	-	-	1
10 Malignant neoplasm, stomach	M	-	-	-	-	2	4	3	2	11
	F	-	-	-	-	-	4	4	5	13
11 Malignant neoplasm, lung, bronchus	M	-	-	-	-	-	6	3	-	9
	F	-	-	-	-	-	-	2	-	2
12 Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	3	2	4	2	11
13 Malignant neoplasm, uterus	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
14 Other malignant and lymphatic neoplasms	M	-	1	-	-	1	9	9	4	24
	F	-	-	-	-	-	4	2	7	13
15 Leukaemia, aleukaemia	M	-	-	-	-	-	1	-	-	1
	F	-	-	-	-	-	-	1	-	1
16 Diabetes	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	-	1	1	3
17 Vascular lesions of nervous system	M	-	-	-	-	1	3	14	19	37
	F	-	-	-	-	-	8	19	29	56
18 Coronary disease, angina	M	-	-	-	-	1	20	9	7	37
	F	-	-	-	-	-	5	8	11	24
19 Hypertensions with heart disease	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	2	1	1	4
20 Other heart disease	M	-	-	-	-	-	7	10	13	30
	F	-	-	-	-	2	7	9	39	57
21 Other circulatory disease	M	-	-	-	-	1	-	2	5	8
	F	-	-	-	-	-	-	1	3	4
22 Influenza	M	-	-	-	-	-	1	-	-	1
	F	-	-	-	-	1	-	1	3	5
23 Pneumonia	M	3	-	-	-	-	1	1	2	7
	F	-	-	-	-	-	1	2	3	6
24 Bronchitis	M	1	1	-	-	-	6	6	7	21
	F	-	-	-	-	-	4	10	13	27
25 Other diseases of respiratory system	M	-	-	-	-	2	2	2	-	6
	F	-	-	-	-	-	-	1	2	3
26 Ulcer of stomach and duodenum	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	1	2	3
27 Gastritis, enteritis and diarrhoea	M	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	1	-	2	3
28 Nephritis and nephrosis	M	-	-	-	-	1	2	1	1	5
	F	-	-	-	-	-	-	-	1	1
29 Hyperplasia of prostate	M	-	-	-	-	-	1	7	-	8
	F	-	-	-	-	-	-	-	-	-
30 Pregnancy, childbirth, abortion	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
31 Congenital malformations	M	2	1	-	-	-	-	-	-	3
	F	-	-	-	-	-	-	-	-	-
32 Other defined and ill-defined diseases	M	8	-	-	-	-	7	8	7	30
	F	4	1	-	1	-	5	5	14	30
33 Motor vehicle accidents	M	-	-	-	-	1	1	-	1	3
	F	-	-	-	-	1	1	-	-	2
34 All other accidents	M	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	1	-	2
35 Suicide	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	2	2	-	4
36 Homicide and operations of war	M	-	-	-	-	1	-	-	-	1
	F	-	-	-	-	-	-	-	-	-

TABLE III
COMPARATIVE VITAL STATISTICS
Birth Rates, Death Rates, Analysis of Mortality, and Case
Rates for certain Infectious Diseases for the year 1951

	England and Wales	126 County Boroughs and Great Towns, including London	148 Smaller Towns Resident Populations 25,000 to 50,000 at 1931 Census	Salé
	Rates per 1,000 Population			
<i>Births—</i>				
Live	15.5	17.3	16.7	13.7
Still	0.36	0.45	0.38	0.37
<i>Deaths—</i>				
All causes	12.5	13.4	12.5	12.4
Typhoid and para- typhoid fevers	0.00	0.00	0.00	—
Whooping cough	0.01	0.01	0.01	—
Diphtheria	0.00	0.00	0.00	—
Tuberculosis	0.31	0.37	0.31	0.45
Influenza	0.38	0.36	0.38	0.15
Smallpox	0.00	0.00	0.00	—
Acute poliomyelitis & polioencephalitis	0.00	0.01	0.01	—
Pneumonia	0.61	0.65	0.63	0.32
<i>Notifications—</i>				
Typhoid fever.....	0.00	0.00	0.00	—
Paratyphoid fever	0.02	0.03	0.02	0.02
Meningococcal infection	0.03	0.04	0.03	0.02
Scarlet fever	1.11	1.20	1.20	1.85
Whooping cough	3.87	3.62	4.00	0.51
Diphtheria	0.02	0.02	0.03	—
Erysipelas	0.14	0.15	0.12	0.05
Smallpox	0.00	0.00	0.00	—
Measles	14.07	13.93	14.82	14.0
Pneumonia	0.99	1.04	0.96	0.35
Acute poliomyelitis and polioencephalitis:				
Paralytic	0.03	0.03	0.03	0.02
Non-paralytic	0.02	0.02	0.03	—
Food poisoning	0.13	0.15	0.08	—
	Rates per 1,000 Live Births			
Deaths under 1 year of age	29.6	33.9	27.6	32.2
Deaths from enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	—
	Rates per 1,000 Total (Live and Still) Births			
<i>Notifications—</i>				
Puerperal pyrexia	10.66	13.77	8.08	—

TABLE IV
INFANTILE MORTALITY

Deaths from stated causes at various ages under 1 year

Cause of death	1st day	2-7 days	1-2 weeks	2-3 weeks	3-4 weeks	Total deaths under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year
Prematurity	5	1	-	1	-	7	-	-	-	-	7
Congenital abnormalities	-	-	-	-	-	-	1	-	1	-	2
Birth injuries and associated conditions	3	1	2	-	-	6	-	-	-	-	6
Post-natal infections	-	-	-	-	-	-	1	-	1	1	3
Accident	-	-	-	-	-	-	-	-	1	-	1
Totals	8	2	2	1	-	13	2	-	3	1	19

TABLE V
CANCER DEATHS DURING 1951

Site of lesion	Sex and age periods												Totals	
	Under 24		25-44		45-54		55-64		65-74		75 & over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal cavity and pharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oesophagus & stomach	-	-	2	-	-	2	6	2	2	4	3	6	13	14
Intestine	-	-	1	-	1	-	1	1	5	2	-	5	8	8
Larynx, lungs and bronchi	-	-	-	-	3	-	5	-	4	2	-	-	12	2
Breast	-	-	-	3	-	2	-	-	-	5	-	3	-	13
Uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prostate and bladder	-	-	-	-	1	-	-	-	2	-	3	-	6	-
Others	1	-	-	-	1	2	3	1	2	1	-	1	7	5
Totals	1	-	3	3	6	6	15	4	15	14	6	15	46	42

This table includes three persons who were suffering from cancer at the time of death although this was not the primary cause.

SECTION B

Infectious diseases

There has been a further increase in the number of cases of notifiable infectious disease, 761 notifications having been received compared with 609 last year and 463 in 1949. The increase was again due to the large number of cases of measles and to an outbreak of dysentery which formed part of a larger outbreak in surrounding areas. There was a marked fall in the number of cases of whooping cough notified during the year.

Measles

An outbreak of measles which had begun in December, 1950 continued in the early part of the year reaching a peak around the end of February and early March with 80 and 83 cases in successive weeks then dying out towards the end of April, and, in fact, out of the total of 601 cases, only 18 occurred after the 1st May. The case incidence at 14.0 per thousand was almost identical with the national rate and compares with a rate of 9.48 in 1950 when there were 413 cases.

Whooping cough

In contrast to the incidence of measles, Sale was almost free of whooping cough during the year, only 22 cases being notified. This represents a case incidence of 0.51 per thousand of the population, compared with a national rate of 3.87.

There is no doubt that this fall in the incidence of whooping cough is in part due to the fact that many parents are taking advantage of the protection offered by inoculation against the disease. Under the auspices of the Divisional Health Committee, 402 children, almost all under one year of age, were given this protection during the year. Although this is not so effective in preventing whooping cough, as is immunisation against diphtheria in that disease, there is no doubt that it does reduce the risk of infection considerably, and those children who do contract whooping cough after immunisation appear to get a shorter and much less severe attack, free from the serious complications.

Scarlet fever

74 cases of scarlet fever occurred during the year, mostly of a very mild form. These were all sporadic cases and there was no definite outbreak of the disease at any time.

Diphtheria

No cases of this disease were notified in the year under review. During the year 360 children were protected against diphtheria before reaching their first birthday and 57% of all children under five years have been immunised. Nearly 90% of children between five and 15 years of age have had inoculations at some time, but many of these are not now fully protected against the disease.

Polio-myelitis

There was one case of paralytic poliomyelitis notified during the year. Throughout the country there was a relatively low incidence of this disease during the year.

Erysipelas

Two cases of erysipelas were notified during the year, giving an incidence of 0.04 per thousand.

Dysentery

An outbreak of dysentery in surrounding areas was imported into the Borough by persons working in those areas, and was first noticed in children attending the Day Nursery during February. In the course of investigation of this outbreak several other cases were found in families, and in all 44 cases were notified, but it is likely that far more than this occurred. In many cases the disease was of a mild nature and several symptomless carriers were discovered. The outbreak was sufficiently widespread in the Nursery to require temporary closure and the readmission of staff and children only after satisfactory bacteriological reports.

Food poisoning

No cases of food poisoning were notified during the year.

Clean food campaign

The Sale Traders Clean Food Association admitted some 40 members. A stand was arranged in connection with the Chamber of Trade Exhibition and films were shown to members of the public and trade.

Tuberculosis

There was little change in the number of cases of tuberculosis notified during the year, 32 cases coming to notice as compared with 31 during the previous year. 14 deaths from this disease occurred during the year, 10 from pulmonary disease and 4 from other forms of tuberculosis.

The Council again gave priority to cases of tuberculosis living in unsatisfactory conditions, when selecting tenants for Corporation houses.

Table X gives a summary of the Tuberculosis Register. From this it will be noted that the number remaining on the register has again declined from 255 to 236.

48 residents in the Borough have had institutional treatment for tuberculosis during the year. Details are given in Table XI.

TABLE VI
NOTIFIABLE DISEASES
(other than tuberculosis) during the year 1951

Disease	Total cases notified	Cases admitted to hospital	Total deaths
Measles	601	1	—
Whooping cough	22	—	—
Scarlet fever	74	3	—
Pneumonia (primary or influenzal)	14	*	13
Erysipelas	2	1	—
Diphtheria	—	—	—
Dysentery	44	1	—
Smallpox	—	—	—
Puerperal pyrexia	—	—	—
Ophthalmia neonatorum	—	—	—
Poliomyelitis—Paralytic	1	1	—
Poliomyelitis—Non-Paralytic	—	—	—
Food poisoning	—	—	—
Paratyphoid fever	1	1	—
Acute infective encephalitis	1	1	—
Meningitis	1	1	—
Totals	761	10	13

* Number of cases admitted to hospital unknown; these cases are admitted by the general practitioners directly to hospital.

TABLE VII

THE FOLLOWING TABLE GIVES THE AGE-INCIDENCE OF
THE AFOREMENTIONED NOTIFIABLE DISEASES

Age Periods:	Scarlet fever	Acute poliomyelitis Paralytic	Non- paralytic	Para- typhoid fever	Pneu- monia	Erysip- elas	Whooping cough	Measles	Dysen- tery	Acute infective encephal- itis	Menin- gitis	TOTALS
0-	-	-	-	-	-	-	3	19	2	-	-	24
1-	3	-	-	-	1	-	7	117	7	-	1	136
3-	14	-	-	-	-	-	9	215	17	-	-	255
5-	40	-	-	-	-	-	2	234	6	-	-	282
10-	15	1	-	1	1	-	1	8	-	-	-	27
15-	1	-	-	-	1	-	-	3	3	-	-	8
25-	1	-	-	-	1	-	-	4	2	-	-	8
35-	-	-	-	-	-	-	-	-	3	-	-	3
45-	-	-	-	-	6	1	-	1	3	1	-	12
65 & over	-	-	-	-	4	1	-	-	1	-	-	6
Total	74	1	-	1	14	2	22	601	44	1	1	761

TABLE VIII

WARD DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES

Disease	St. Annes	Brook-lands	Sale Moor	St. Pauls	St. Johns	St. Martins	St. Marys	Mersey	TOTALS
Scarlet fever	2	13	14	9	7	8	12	9	74
Pneumonia	3	—	3	1	2	—	5	—	14
Acute poliomyelitis— Paralytic	—	—	—	1	—	—	—	—	1
Acute poliomyelitis— Non-paralytic	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	1	—	—	2
Measles	66	52	166	62	68	79	39	69	601
Whooping cough	1	4	9	1	1	—	1	5	22
Acute infective encephalitis....	—	—	—	—	1	—	—	—	1
Dysentery	5	7	2	14	6	5	—	5	44
Meningitis.....	—	—	—	1	—	—	—	—	1
Paratyphoid fever:	—	—	—	—	—	—	—	1	1
Totals	78	76	194	89	85	93	57	89	761

TABLE IX
TUBERCULOSIS

Age periods	*New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1 to 5 years	—	—	—	—	—	1	—	—
5 to 15 years	2	—	1	3	—	—	1	—
15 to 25 years	5	3	—	1	—	—	1	—
25 to 35 years	3	3	1	1	1	—	—	—
35 to 45 years	8	1	—	—	—	1	—	—
45 to 55 years	7	—	—	—	—	—	—	—
55 to 65 years	3	—	—	—	2	1	1	—
65 and upwards	2	—	—	1	3	1	1	—
Total	30	7	2	6	6	4	4	—

* See Table X

TABLE X
ABSTRACT OF ANNUAL FIGURES FROM REGISTER OF TUBERCULOSIS CASES

	MALES		FEMALES		TOTAL
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number on register, 1st January, 1951	98	36	79	42	255
*New notifications, 1951	25	1	4	2	32
*Restored to register	2	—	2	1	5
*Cases brought to notice, otherwise than by formal notification (inward transfers, un-notified cases from death returns)	3	1	1	3	8
Removed from register, deaths, outward transfers, recovered	25	9	15	15	64
Number on register, 31st December, 1951	103	29	71	33	236

TABLE XI
TUBERCULOSIS

ANALYSIS OF ADMISSIONS TO AND DISCHARGES FROM HOSPITAL DURING THE YEAR

NAME OF INSTITUTION	PULMONARY				NON-PULMONARY			
	Males		Females		Males		Females	
	In hospital on 1st January, 1951	Admitted during 1951	Discharged during 1951	Remaining in hospital on 31st December, 1951	In hospital on 1st January, 1951	Admitted during 1951	Discharged during 1951	Remaining in hospital on 31st December, 1951
Market Drayton Sanatorium	1	7	3	5	1	1	1	1
High Carley Sanatorium	1	1	1	1	1	1	1	1
Baguley Sanatorium	1	2	3	1	1	1	1	1
Hope Hospital	1	1	1	1	1	1	1	1
Orthopaedic Hospital, Oswestry	1	1	1	1	1	1	1	1
Crossley Sanatorium, Kingswood	1	1	1	1	1	1	1	1
Withnell Pulmonary Hospital	1	1	1	1	1	1	1	1
Wrenbury Hall Colony	1	2	1	3	1	1	1	1
Wrightington Hospital, Wigan	1	1	2	1	2	1	2	1
Fall Birch Hospital, Lostock	1	1	1	1	1	2	1	1
Peel Hall Sanatorium, Little Hulton	1	3	2	1	1	1	1	1
Nab Top Sanatorium, Marple	1	1	1	2	1	1	1	1
Wolstenholme Pulmonary Hospital	1	1	1	1	1	1	1	1
Hefferston Grange Sanatorium	1	5	2	4	1	1	1	1
Heath Charnock Hospital	1	1	1	1	1	1	1	1
Stepping Hill Hospital	1	1	1	1	1	1	1	1
Elswick Sanatorium	1	1	1	1	1	1	1	1
Totals	11	25	19	17	3	6	7	2
					3	1	3	1

SECTION C

General Provisions of Health Services for the Area

Local Health Authority services

These are provided in accordance with the National Health Service Act, 1946, by the Cheshire County Council, although there is a degree of local administrative control by the Sale and Lymm Divisional Health Committee. These services are listed, and an account of their working given, in the report of the Divisional Health Committee which is printed as an Appendix to this report.

Laboratory service

The Regional Public Health Laboratory established in the grounds of Monsall Hospital at Manchester carries out most of the bacteriological work for the Borough, and for general practitioners in the area. A collection system has been arranged, whereby practitioners can leave specimens at the Health Department; collection is made by the laboratory staff daily. This has enabled reports to be made about six hours earlier than would be possible otherwise. Positive reports are telephoned through from the laboratory.

365 specimens were examined during the year as follows:

27 throat swabs of which six were positive for hæmolytic streptococci.

318 faecal specimens for dysentery and salmonella infection of which 111 were positive.

1 blood specimen for dysentery and salmonella infection which was negative.

1 urine specimen for dysentery and salmonella infection which was negative.

18 sputa for tuberculosis, of which 4 were positive.

Diagnostic specimens for suspected cases of venereal disease are dealt with at Withington Hospital, Manchester.

Hospital and specialist services

(a) General hospital services

Although general hospital beds are available at the Sale and Brooklands War Memorial Hospital, the majority of cases are sent to the Altrincham General Hospital or one of the Manchester hospitals.

(b) Infectious diseases

Cases requiring hospital treatment because of the severity of their illness are admitted to Monsall Hospital, Manchester, at the request of the general practitioner. Where conditions prevent isolation of the patient at home, arrangements for admission are made through the Health Department.

(c) Smallpox

Smallpox cases are treated in the Ainsworth Hospital, Bury, transport being provided by the Manchester Ambulance Service.

(d) Maternity cases

There is a 16-bed maternity ward at the Sale and Brooklands War Memorial Hospital. Other maternity hospitals are at Altrincham, Bowdon and Manchester.

(e) Venereal diseases

Treatment clinics are available as follows:—

Salford—St. Luke's Hospital.

Males	....	....	Mon.—Fri.	8 a.m. to 12 midnight
			Saturday	8 a.m. to 1 p.m., and 6 p.m. to 12 midnight
Females	....	....	Mon.—Fri.	9 a.m. to 7 p.m.
			Saturday	9 a.m. to 1 p.m.

Salford—Special Treatment Clinic, Regent Road.

Males	....	....	Mon.—Thur.	9 a.m. to 1 p.m.
			„	5 p.m. to 8 p.m.
			Friday	9 a.m. to 8 p.m.
			Saturday	9 a.m. to 1 p.m.
			Sunday	10 a.m. to 1 p.m.
Females	....	....	Mon.—Fri.	9 a.m. to 8 p.m.
			Saturday	9 a.m. to 1 p.m.
			Sunday	10 a.m. to 1 p.m.

Manchester—Ancoats Hospital, Mill Street, 4.

Males	....	....	Wed. & Fri.	5.30 p.m. to 7.30 p.m.
Females	....	....	Wednesday	11.30 a.m. to 1.30 p.m.
			Thursday	5.30 p.m. to 7.0 p.m.

Manchester—Manchester Royal Infirmary.

Males	..	....	Mon., Wed. & Thur.	5.30 p.m. to 7 p.m.
Females	...	...	Tue. & Fri.	5 p.m. to 7.0 p.m.
			Wed. & Thur.	11.0 a.m. to 12 noon

SECTION D

Sanitary Circumstances of the Area

Climatic conditions during 1951

I am indebted to the Sewage Works Manager for information collected at the meteorological station at the sewage works from which the following summary has been prepared.

The year was generally mild, with a temperature ranging from 22°F on January 3rd to 82°F on two days in July. The latest spring frost occurred on 13th May and the first autumn frost on 21st October.

The total rainfall of 37.01 inches was nearly an inch and a quarter less than last year's. Rain fell on 199 days, and was almost continuous in November and December with a total of nearly 11 $\frac{3}{4}$ inches. August was also an exceptionally wet month with over 4 inches.

The sunshine recorder installed late in 1950 recorded a total of 1130 hours spread over 271 days. This was about a quarter of the time that the sun was above the horizon.

Water supply

The water supply of the Borough is provided by the Manchester Corporation. It is a soft water of very good quality. There are eight houses in the extreme south-west corner of the Borough without a piped supply. These rely on wells of poor quality and uncertain supply, but efforts are being made to secure a piped supply of town's water to these houses. In addition three outlying cottages near the boundary with Manchester and one in Gratrix Lane also rely on well supplies of adequate quantity but variable quality.

Drainage and sewage disposal

There was no change in the sewerage and sewage disposal arrangements during the year.

The works, which can deal with a dry weather flow of two million gallons per day, take all the sewage of the Borough and of the Brooklands area of Manchester. After sedimentation and biological filtration the effluent discharges direct into the River Mersey.

Samples of the effluent taken by the Rivers Board have been satisfactory.

Atmospheric pollution

Few complaints were received about smoke emission from industrial premises within the Borough and these were all dealt with promptly.

There was a slight reduction in the amount of sooty deposit over the town as compared with last year, but there is still far too much for a residential area.

Quite apart from visible pollution, however, there have been very many complaints of damage to fabrics and paint work and effects on plants which have indicated a serious contamination with acid gases. These are only produced in large quantity from works handling sulphur-containing substances, and when very considerable quantities of coal are burned. It can be assumed, therefore, that this form of pollution is arising outside the Borough and is not under our direct control. In an endeavour to deal with this matter the Council has been one of the joint authorities concerned in the investigation of pollution in the area to the South West of Manchester and the Mayor and Medical Officer attended upon the Ministry of Local Government and Planning as part of a deputation to press for the appointment of an additional Alkali Inspector (to be stationed in this area) for the express purpose of dealing with atmospheric pollution from works specified in the Alkali Works Act which are outside the jurisdiction of local authorities. We have since been informed that such an appointment has been approved and look forward to some improvement when the officer takes up his duty.

Swimming baths

There are two indoor swimming baths in the Borough, one owned by the Corporation, and the other privately owned.

The Corporation bath, which has a capacity of 66,000 gallons, has been improved greatly by the installation of a more efficient filtration and chlorination plant which provides for purification of the whole of the water every $2\frac{1}{2}$ hours whilst swimming is in progress. A new scum channel ensures continual removal of floating material from the bath. There are also six slipper baths available.

There are no byelaws for the control of swimming baths in operation in the Borough.

Cemeteries

There is one cemetery at Brooklands owned by the Corporation and occupying an area of 20 acres. The interments in 1951 numbered 339. This cemetery was opened in 1862 under the control of a Burial Board, and it was taken over by the Sale Urban District Council in 1895. There are also two other burials grounds in the town, one at St. Martin's Church and one at the Friends' Meeting House in Park Road.

Mortuary

The mortuary is situated within the grounds of the cemetery and is owned by the Corporation but its use is determined by the police. During 1951 it was used for the reception of bodies on 23 occasions and 20 post-mortem examinations were carried out.

Rivers and streams

The Lancashire Rivers Board deal with any matters concerning rivers pollution within this Borough. No occasion has arisen during the year where the Board has had to take action in Sale.

Closet accommodation

The majority of the dwelling houses in the district have water closets but there is a small number of closets of the conservancy type at cottages and farms in the outlying parts of the district. During 1951 one waste water closet was converted to a fresh water closet.

Storage of petroleum

Forty-six licences are in operation relating to premises used for the storage of petroleum spirits.

Hackney carriages

Twenty-four licences were issued during the year relative to vehicles used for the purpose of plying for hire within the Borough.

Refuse collection and disposal

The collection and disposal of house refuse is dealt with by the Health Department and transport for this purpose is made up as follows—4 Shelvoke and Drewry freighters (registered in January, 1933, September, 1933, October, 1937 and November, 1939 respectively), 1 Dennis vehicle registered in August, 1944 and 2 Karrier vehicles registered in November and December, 1946. Five of the vehicles are in regular service on refuse collection, one on the collection of kitchen waste and salvage and the seventh is used as a spare. During the year the Council decided to acquire a further refuse collection vehicle; trials were carried out with three modern design rear loaders and as a result of these tests it was decided to order a Shelvoke and Drewry Fore and Aft Tipper.

Household refuse is disposed of by controlled tipping on low-lying land adjoining the Priory in Dane Road. The disposal of refuse in this manner proceeded satisfactorily during the year. Special attention was paid to the prevention of insect infestation at the tip and the continued use of covering material acquired from Metropolitan Vickers Ltd. assisted very considerably in the elimination of unpleasant odours arising from decomposing refuse.

For the convenience of private traders in the Borough, a workman is employed at the tip each Saturday afternoon to deal with green-grocery and fish refuse brought to the tip by these traders.

TABLE XII
REFUSE COLLECTION AND DISPOSAL COSTS

	Collection, with depreciation or loan charges included or excluded		Disposal, with depreciation or loan charges included or excluded		Total	
	Included	Excluded	Included	Excluded	Included	Excluded
Gross expenditure	£12989	£12989	£2082	£1387	£15071	£14376
Gross income	32	32	96	96	128	128
Net cost	12957	12957	1986	1291	14943	14248
UNIT COSTS	£	£	£	£	£	£
Net cost per 1,000 of population	302	302	46	30	348	332
Net cost per 1,000 houses or premises from which refuse is collected	917	917	140	91	1057	1008

Salvage

The salvage of waste materials continued during 1951 and £6,161 was realised from the sale of such materials. This is the greatest amount ever received since salvaging was commenced in 1939.

The total weight of salvage collected since 1939 to December, 1951 is 5,566 tons and the income from the sale of these materials £30,869.

SALVAGE

January to December, 1951

				T.	c.	q.	lb.		£	s.	d.
Waste paper	....	....	....	395	15	2	0	...	5534	11	2
Ferrous metals	....	....	....	17	13	0	0	....	44	13	11
Non-ferrous metals	....	....	....	—	17	2	20	....	69	8	4
Rags, etc.	....	....	....	11	17	3	4	....	211	5	5
String	....	....	....	—	11	3	0	....	6	13	3
Kitchen waste	....	....	....	97	10	3	0	....	295	1	2
Total	....	....	....	524	6	1	24	....	£6161	13	3

Sanitary Inspection of the Area

INSPECTIONS MADE DURING THE YEAR

Drainage inspections	....	...	...	..	....	....	307
House inspections for defects, etc.	...	....	....	....	....	....	779
House inspections for infectious disease	..	....	....	....	....	....	66
Re-inspections	....	....	...	....	...	....	911
Rooms disinfected after infectious diseases	....	...	....	....	....	....	94
Workshops and factory inspections	....	....	....	....	....	....	73
Shops Acts inspections	....	....	...	....	....	....	36
Bakehouse inspections	....	....	...	....	....	....	5
Food and Drugs Acts inspections	....	....	....	....	....	....	215
Slaughterhouse inspections	....	....	....	....	....	....	6
Cowsheds and dairies inspections....	....	....	....	....	....	....	59
Ice-cream preparation premises inspections	....	....	....	....	....	....	5
Petroleum Act inspections	....	....	....	....	....	....	10
Rats and mice inspections	....	....	....	....	....	....	165
Miscellaneous	....	....	....	....	....	....	391
Letters and informal notices	....	....	....	....	....	....	338
Statutory Notices served	....	....	....	....	....	....	24
Complied with by owners	....	....	....	....	....	....	25
Work carried out by local authority in default	....	....	...	....	....	....	1

WORK CARRIED OUT DURING THE YEAR

UNDER THE PUBLIC HEALTH AND HOUSING ACTS

Defective roofs	....	....	....	....	....	....	53
„ gutters	....	....	....	....	....	....	38
„ rainwater fallpipes	....	...	....	....	....	....	22
„ soilpipes	...	....	....	...	....	....	2
„ sinks	....	....	....	...	....	....	5
„ sink waste pipes....	....	....	....	....	....	....	5
„ floors	....	....	....	....	....	....	14
„ firegrates	....	....	....	....	....	....	18
„ yard surfaces	....	....	....	....	....	....	15
„ brickwork	....	....	....	....	....	....	10
„ washboilers	....	....	....	....	....	....	3
„ washbasins	....	....	....	....	....	....	2
„ plaster	....	....	....	...	....	....	45
„ pointing to brickwork	....	....	...	....	....	....	27

Defective yard walls	6
„ windows and doors	124
„ bath waste pipes	3
„ flush pipes	1
„ damp walls	4
„ draining boards	1
„ chimneys	15
„ hot water systems repaired	3
„ yard gates	2
„ water pipes repaired	4
„ staircases	2
„ watercloset pedestals	6
„ closet cisterns	10
„ closet seats	2
„ drains	15
Choked drains	33
Accumulations removed	2
Dustbins renewed	493
Ashpits abolished	1
Handrails provided	1

Shops and offices

Under the Shops Act, 1934, and the Public Health Act, 1936, shops and offices where persons are employed must be provided with suitable sanitary accommodation.

Eradication of bed bugs

- (i) Number of council houses disinfested
- (ii) Number of other houses disinfested

3
9

The use of D.D.T. for eradication of vermin infestations was continued during the year. In all cases of bed bug infestations a complete cure was effected.

Rats and mice

During the year 6 major and 81 minor cases of rat infestation and 20 cases of mice infestation were dealt with by the Council. It is interesting to note that in 36 instances rat infestations were found to have originated from broken drains.

The Council's tip and sewage works are examined regularly and treated as necessary for any infestation of rats. The methods advocated by the Ministry of Agriculture and Fisheries are strictly adhered to and have been found to be most satisfactory. In July or August of each year the Council's sewers are examined by means of placing test baits

in a percentage of the manholes and from the results of this examination the subsequent sewer treatments are formulated. The sewers are treated in September and the following March. The suppression of rat infestations in the sewers has been found to have an important bearing on the reduction of the number of surface infestations occurring particularly in the older parts of the town and from this aspect alone it is most important that sewer treatments should be thoroughly and regularly carried out. Close co-operation between the Health Department and the Surveyor's Department exists in the execution of this work.

Factories and workshops

1. Inspection of factories, workshops and workplaces, including inspections made by Sanitary Inspector:—

Premises (1)	Number of		
	Inspections (2)	Written notices (3)	Occupiers prosecuted (4)
Factories with mechanical power	11	—	—
Factories without mechanical power	59	5	—
Other premises under the Act (including works of building and engineering construction, but not including outworkers' premises)....	3	—	—
Total	73	5	—

2. Defects found:—

Particulars (1)	Number of defects			Number of defects in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of cleanliness (S.1)	2	2	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary conveniences—				
Insufficient, unsuitable or defective	4	4	—	—
Not separate for sexes	—	—	—	—
Other offences (not including offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Orders, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937)	—	—	—	—
Total	6	6	—	—

SECTION E

Housing

There can be little doubt that good housing is one of the major requirements for a healthy population. Physical ill health is often associated with unsatisfactory housing conditions, especially in cases of overcrowding and in old property which is damp or dilapidated. Mental strain is often seen where there is insecurity of tenure for lodgers or those in furnished accommodation, and is especially evident when kitchen accommodation has to be shared.

The length of the list of applicants for the tenancy of Corporation houses bears witness to the number of people who are urgently in need of improved accommodation, and despite the building of all houses for which licences were available, there is little improvement in the situation. Applicants often support their pleas with medical certificates which usually only confirm conditions already known to exist, and for which due allowance has been made, but where new circumstances are brought to light additional points may be awarded and the attention of the Housing Committee drawn specially to the applications.

The Rent Restriction Acts are proving a disadvantage to tenants and owners alike. Owners who find the cost of maintenance and repairs rising steadily without any increase in income from rents are more and more reluctant to carry out anything other than absolutely essential work on their property and then only after repeated requests. The result is that the tenants are having to live in greater discomfort than is reasonable; the property deteriorates and finally, repairs not being an economic proposition, has to be declared unfit for human habitation and demolished. The rehousing of the tenants in Corporation property then means some additional delay for those who have no home of their own. It is obvious that a large scale rehousing programme will soon be necessary if something cannot be done to save older property in the Borough by ensuring that property can be maintained as an economic proposition.

A start was made towards the end of the year with the preparation of a clearance order for some 30 houses all of which are over 75 years old and in a poor state of preservation and repair.

Housing statistics

Total number of new houses completed during the year	....	105
(a) By private enterprise	....	17
(b) By the Local Authority	....	88

A. Inspection of dwelling houses during the year:—

1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	....	214
(b) Number of inspections made for the purpose	....	1997

2. (a)	Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932)	Nil
	(b) Number of inspections made for the purpose	Nil
3.	Number of dwelling houses found to be in a state so injurious to health as to be unfit for human habitation	1
4.	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	247
B.	Remedy of defects during the year without service of formal notices. Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	196
C.	Action under Statutory Powers during the year:—	
	(a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:—	
	(i) Number of dwelling houses in respect of which notices were served requiring repairs	1
	(ii) Number of dwelling houses which were rendered fit after service of formal notices:—	
	By owners	Nil
	By Local Authority in default of owners	1
	(b) Proceedings under the Public Health Acts:—	
	(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	23
	(ii) Number of dwelling houses in which defects were remedied after service of formal notices:—	
	By owners	25
	By Local Authority in default of owners	Nil
	(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
	(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
	(ii) Number of dwelling houses demolished in pursuance of Demolition Orders	2
	(iii) Number of dwelling houses in respect of which undertakings were given by owners that they would not be used for human habitation	Nil
	(d) Proceedings under Section 12 of the Housing Act, 1936:—	
	(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
	(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

SECTION F

Inspection and Supervision of Food

Milk supply

The supervision of milk production is undertaken by the Ministry of Agriculture and Fisheries and local authorities are only responsible for the distribution side of the milk supplies.

Only a small percentage of milk supplied in the Borough is produced locally, the bulk of the supply coming from outside sources.

On the 31st December, 1951, there were 13 dairymen and 42 distributors registered for the sale of milk within the Borough.

28 are licensed to sell Tuberculin Tested milk.

31 are licensed to sell Pasteurised milk.

25 are licensed to sell Sterilised milk.

1 is licensed to sell Accredited milk.

Unsound food

The following food has been surrendered during the year as being unfit for human consumption:—

Pork	....	....	....	....	....	48 lbs.
Beef	....	....	....	....	....	102 lbs.
Tripe	....	....	....	....	....	75 lbs.
Boiled Ham	....	....	....	....	....	384 lbs.
Cows cheeks	....	....	....	....	....	82 lbs.
Cheese	....	....	....	....	....	21 lbs.
Cooking fats, Butter, etc.	....	....	....	....	....	39 lbs.
Fish paste	....	....	....	....	....	9 jars
Bacon	....	....	....	....	....	21 lbs.
Chicken	....	....	....	....	....	18 lbs.
Semolina	....	....	....	....	....	22 lbs.
Almond substitute	....	....	....	....	....	56 lbs.
Dates	....	....	....	....	....	4 lbs.
Nuts	....	....	....	....	....	5 lbs.
Tinned fish	....	....	....	....	....	34 tins
Tinned vegetables	....	....	....	....	....	120 tins
Tinned meat	....	....	....	....	....	159 tins
Tinned jam	....	....	....	....	....	19 tins
Tinned soup	....	....	....	....	....	52 tins
Tinned fruit	....	....	....	....	....	144 tins
Tinned fruit juice	....	....	....	....	....	8 tins
Tinned condensed milk	....	....	....	....	....	13 tins
Tinned evaporated milk	....	....	....	....	....	102 tins
Coffee, cocoa, etc.	....	....	....	....	....	7 tins
Baking mixtures	....	....	....	....	....	48 packets
Breakfast cereals	....	....	....	....	....	3 packets
Sauces	....	....	....	....	....	13 bottles

Food and Drugs Act, 1938

The following samples were obtained in the Borough of Sale during the year ended 31st December, 1951. These particulars were obtained from the Chief Inspector, Weights and Measures Department, Chester, whose officers are responsible for the administration of the Act.

Name of sample	Number obtained	Number adulterated or not up to standard
Aspirin tablets	1	—
Baby cream	1	—
Beans	1	—
Beef paste	1	—
Blackcurrant pastilles	1	—
Boracic ointment	1	—
Brawn	1	—
Bread (brown)	1	—
Bread (Procea)	1	—
Bread (white)	1	—
Butter (peanut)	1	—
Cascara (liquid)	1	—
Chocolate	1	—
Cocanut	1	—
Coffee (essence)	1	—
Crab (dressed)	1	—
Dressing (crab)	1	—
Dressing (salad)	1	—
Epsom salts	1	—
Eucalyptus ointment	1	—
Fish cakes	1	—
Fish paste	2	—
"Fizz Suckers"	1	—
Ginger (ground)	1	—
Glauber salts	1	—
Grape fruit	1	—
Grape juice	1	—
Gravy browning	1	—
Iodine	1	—
Jam	1	—
Jelly	1	—
Lemon, glycerine and honey	1	—
Liquorice powder	1	—
Meat pie	1	—
Mercury ointment	1	—
Milk (fresh)	80	1
Oatmeal	1	—
Olive oil	1	—
Onions (pickled)	1	—
Peas (tinned)	1	—
Pepper (compound)	2	—
Pepper (white)	2	—
Rum	2	—
Sausages (liver)	1	—
Sild in tomato sauce	1	—
Stuffing (sage and onion)	1	—
Sulphur tablets	1	—
Vinegar (malt)	1	—
Zinc ointment	1	—
TOTAL	132	1

The one sample reported against related to a bottle of Channel Islands' milk which was found to be 13.5 per cent defieient in fat. The seller was subsequently cautioned. The fact that all other samples were found to be genuine can be considered a very satisfactory result.

SALE AND LYMM DIVISIONAL HEALTH COMMITTEE

Chairman

Councillor Major D. E. Impe

Deputy Chairman

Councillor L. Bethell

Representing the Local Health Authority (Cheshire County Council)

County Councillor G. Astbury, J.P.

County Councillor F. D. Gee

County Councillor H. H. Cunliffe

County Councillor J. Kershaw

County Councillor Owen Davis

County Councillor Dr. N. Leak

Representing Sale Borough Council

Councillor Mrs. M. Cave

Councillor W. A. Jones

Councillor L. Bethell

Councillor J. G. Steel, B.E.M.

Alderman W. A. Costello, J.P.

Councillor F. B. Taylor

Alderman F. H. Highley, J.P.

Councillor V. S. Webb

Councillor Mrs M. Dickinson

Councillor E. W. Wilkins

Representing Lymm Urban District Council

Councillor Major D. E. Impe

Councillor C. H. Simons

Co-opted Members

Mr. A. Ball, F.C.A.

Mr. S. N. Duguid, J.P., B.Sc.

Mrs. F. Bleakley

Mrs. D. A. Seagrief

Mrs. A. E. Butcher

Mr. L. Steains, O.B.E., J.P.

Dr. J. D. Chisholm

Dr. F. Wraith

Clerk to the Committee

Mr. Bertram Finch

DIVISIONAL HEALTH OFFICE STAFF

Divisional Medical Officer Dr. A. Telford Burn, M.B.,
B.S., D.P.H.

Chief Clerk Mr. W. Willson

Clerical Staff Mrs. E. Aldhouse
Miss S. M. Hartley

REPORT ON THE LOCAL HEALTH AUTHORITY SERVICES IN THE DIVISION

Health centres

It has still proved impossible to proceed with the plans for a Health Centre at Sale, and in view of the limitations on expenditure it is unlikely that the project can be considered for some years to come.

Care of mothers and young children

(a) *Mothers' clinics*

During the year Dr B. Jones took over the supervision of the ante-natal and post-natal clinics which are held twice monthly at the Chapel Road Centre, Sale.

The fall in the number of cases attending the clinics continued until just before the end of the year, when there was a slight increase. This was due to the fact that the hospitals are now retaining maternity cases for a longer period with the resulting smaller turnover. The increasing number of mothers who are having their babies at home will help to swell the attendance at the clinic to some extent. Hospital staffs insist that they should carry out the ante-natal supervision of mothers who have booked in for their confinements, and where a general practitioner undertakes a maternity case, it is part of his contract that he carries out the medical ante-natal care. Too often this care, whether at hospital or at home, is restricted to conditions which affect the pregnancy and confinement. At the mothers' clinics the aim is not only to give this "medical" care but also to prepare the mother for the upbringing of her child, to advise on layettes, on the relative merits of breast feeding and bottle feeding, on the day to day routine of bathing and feeding the new baby and so on. What we are anxious to see is that all expectant mothers, even though they are having their medical care elsewhere, should attend the purely educational part of our clinics, so that they may be helped to overcome the feeling of despair which sets in when, on the first day home from hospital, or after the midwife has ceased attending, the baby howls its head off and refuses to be pacified.

Many times recently mothers attending the child welfare centres have complained of conditions which could have been spotted and corrected at a post-natal examination soon after they were up and about again. In many cases they have never attended for such an examination, and the result may be prolonged discomfort, which can only be corrected by an operation later. The very poor attendances at the post-natal clinics are an indication of the lack of appreciation of the importance of such examinations.

					New Cases	Total Attendances
Ante-natal	....	....	....	...	54	151
Post-natal	....	....	....	...	6	23
Dental—pre-natal	....	....	....	...	1	1

(b) *Child welfare clinics*

There are three child welfare centres at Sale. A summary of the clinic facilities is given in the Appendix.

The infant welfare clinics at the Chapel Road centre were conducted by Drs Rowley and Geraghty, but it was with great regret that we heard just after the end of the year, of the sudden death of Dr Geraghty, when he appeared to be recovering from an illness. Dr Phillips has continued to take the 'Toddlers' Clinic at this centre. The clinics at Sale Moor and Raglan Road have been conducted by the Divisional Medical Officer as before.

Once again I would like to pay tribute to the work of the Health Visitors who see all the mothers attending the centres, and give them appropriate advice, and also to the ladies of the Voluntary Committee who do such admirable ancillary work as registration and weighing of the children. At the Chapel Road centre the members of the Voluntary Committee are also responsible for the sale of Welfare Foods. Sale of these foods at the Sale Moor and Raglan Road centres is undertaken by the staff of the Divisional Health Office.

Clinic attendances

				New Cases	Doctors' Consul- tations	Total Attendances
<i>Sale</i>						
Chapel Road	....	....	....	374	1963	6434
Sale Moor	....	....	....	117	647	1673
Raglan Road	....	....	....	96	398	1142
Totals				587	3008	9249
Specialist clinics:						
Ophthalmic	....	....	....	28		49
Paediatric	....	....	....	1		2
Ear, nose and throat						
(under 5 years)	....			2		3
Dental treatment						
(under 5 years)	....			7		11

Sale of welfare foods (Sale Moor and Raglan Road centres)

				£	s.	d.
Stocks bought	....	....	....	334	1	11
Total sales	....	....	....	353	12	8

(c) *Day nursery*

There is only one Day Nursery in the Division situated in Harley Road, Sale.

Great care has been taken in the selection of children to be admitted to the nursery, with the result that the average number on the register has been reduced during the year. This has enabled some

saving to be made in the staff, by not filling certain vacancies which have occurred. The average cost per child per day has been 9/2½ of which 2/- was recovered as the price of food supplied at the midday meal.

The Committee approved a resolution that parents should pay the full cost of maintaining a child in the nursery, subject to relief where the economic circumstances justified it. This resolution was confirmed by the County Council, and an approach to the Minister showed that the matter has his active consideration. It is understood that a clause embodying such proposals is being included in a forthcoming Parliamentary Bill.

Early in the year there was an outbreak of dysentery in the Day Nursery, which necessitated closure for a few days. Staff and children were both affected, and were only allowed to return when proof was forthcoming that they were completely free of infection.

Number on register on January 1st, 1951	....	44
Admitted during the year	....	42
Left during the year....	....	46
Number on register on December 31st, 1951	....	39
Average daily attendance	....	30

Twenty-one children were in the nursery for the whole period.

Midwifery services

The reduction in the number of maternity cases which can be taken at the Sale Hospital occurred too late in the year for its effect on the work of the midwives to be felt, and the total number of cases attended in Sale was much below that in 1950. Nurse McSweeney resigned during the year and was not replaced, leaving two midwives to deal with all domiciliary cases in the Borough.

<i>Cases attended</i>		
As midwife (i.e. in sole charge)	....	27
As maternity nurse (i.e. under the supervision of a medical practitioner)	....	44
TOTALS		71

Health visiting

There are four Health Visitors in Sale, based on the Chapel Road Welfare Centre. These Health Visitors are under the control of the County Medical Officer, but co-operate fully with the Divisional Medical Officer at all times.

During the year one of the Health Visitors left to do specialised work in another area and her successor is living with the Senior Health Visitor at the Chapel Road Centre.

The Health Visitors have continued to carry out very effectively the work of visiting young infants in their homes, advising their parents, and encouraging them to attend the clinics. The high level of immunisation is due in the main to their efforts, and their assistance in preventing the spread of tuberculosis by advising those suffering from the disease and their relatives is invaluable.

Home nursing

This service is also under the control of the County Medical Officer, the nurses being called in by the general practitioners in charge of the patients.

There was little change in the use of the service compared with last year but rather more elderly people have called on the assistance of the nurses.

Cases attended	....	....	...	536
Total visits	...	....	....	9464

Vaccination and immunisation

The services provided under this heading consist of vaccination against smallpox and immunisation against diphtheria and whooping cough. These protective inoculations can be given either by the patient's general practitioner or at clinics conducted by the Divisional Medical Officer.

During 1950 certain reports published with the approval of the Ministry of Health indicated that there was some relationship between immunisation against diphtheria and whooping cough and the onset of the severe paralytic form of poliomyelitis. To avoid this alleged risk immunisation clinics were closed from June to September, and the result has been to produce a measure of opposition to immunisation procedures. Despite publicity showing that the risk of poliomyelitis was negligible compared with the risk of diphtheria and the high mortality of whooping cough in young children, this opposition has continued, and increased efforts have had to be made to persuade parents of the importance of immunisation. Certainly more direct refusals have been received. There seems to be no doubt that the only way of overcoming the apprehension of parents is by direct individual approach by Health Visitors and Doctors at the clinics and in the homes and this is much more valuable than press or other general forms of publicity.

The response to such an approach can be seen from the following figures which show a marked improvement on those of last year which are given in brackets alongside the current year's statistics.

	Smallpox				Diphtheria				Whooping Cough	
	Primary Vaccination		Re-Vaccination		Primary Immunisation		Re-Immunisation			
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Pre-school children	173 (164)	214 (223)	— (—)	4 (3)	324 (238)	227 (159)	— (—)	— (—)	253 (218)	146 (101)
School children	12 (19)	19 (26)	1 (2)	10 (17)	35 (117)	4 (6)	403 (179)	69 (28)	3 (—)	1 (4)
Adults	4 (1)	40 (33)	40 (9)	77 (76)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Totals	189 (184)	273 (282)	41 (11)	91 (96)	359 (355)	231 (165)	403 (179)	69 (28)	256 (218)	147 (105)

(a) At the clinic
(b) By private practitioners
Figures in brackets are for 1950

Ambulance service

The total mileage travelled by the Divisional Ambulances during the year was 65,172, practically the same as last year although there was an increase of about 600 in the number of calls which totalled 9251. Only 825 of these calls were of an urgent nature the remainder being cases requiring medical and surgical out-patient treatment or admissions to hospital for non-urgent conditions.

7,816 miles were covered in assisting the Altrincham Divisional Ambulance Service, mainly in the Carrington and Partington areas, while that service together with the Warrington Corporation Ambulances looked after calls in Lymm to the extent of 8,772 miles. In addition the Hospital Car Service carried out 32 journeys involving 884 miles while assisting this Division.

Every endeavour has been made to prevent abuse of the service, and to maintain it at the most economical level, subject only to the provision of adequate availability at all times. Despite all efforts the cost has risen to approximately £9,000.

During the year delivery was made of a new Bedford Ambulance which has enabled us to dispose of, or transfer to Civil Defence reserve, all our pre-war vehicles. The sitting case car was sold in an unserviceable condition and delivery of a replacement was awaited at the end of the year and has since been made.

Tenders have been accepted for the new Ambulance Station which is to be built at Sale, but work has been held up pending a starting date from the Ministry of Health. In the meantime the ambulances are housed in the Drill Hall which is near the existing Ambulance Station.

Summary of journeys

	Calls	Journeys	Mileage
Divisional Ambulance Service....	9251	5171	65172
Altrincham Divisional Ambulance Service	—	259	5847
Warrington Ambulance Service	—	172	2925
Hospital Car Service	—	32	884

Prevention, care and after care

This most important section of the work of the Divisional Health Committee has continued to expand during the year.

The main portion of this work concerned the welfare of persons suffering from tuberculosis and the members of their families. Many of these persons will not agree to their conditions being referred to the Committee, but such assistance as can be provided is readily given both by the staff of the Divisional Health Office and the Health Visitors. In particular sputum flasks, paper handkerchiefs and other nursing aids are available on request.

Prevention of tuberculosis depends on early identification of the disease, and to this end the Mass Radiography Unit was stationed in Altrincham during April, May and June and a large number of persons resident in Sale were examined. Several new cases were diagnosed and treatment instituted in all of them. Another important factor in the prevention of this disease is the immunisation of susceptible children and young adults with B.C.G. The main effect of this is to prevent cases of tuberculous meningitis in child contacts. To this end many such children have been tested and some have now been given the B.C.G. injections. Further cases are being selected for such treatment, the material for which is obtained from Denmark through the Ministry of Health.

The following table summarises the persons under supervision in accordance with this section whose names are on the tuberculosis register.

	Males		Females		Total
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	
On register 1st January, 1951	98	36	79	42	255
Added to register	30	2	7	6	45
Removed from register....	25	9	15	15	64
Remaining on register 31st December, 1951	103	29	71	33	236
Admitted to sanatoria during year	25	—	6	—	31
Discharged from sanatoria during year	19	3	7	—	29

In addition to the provision of sputum flasks for tuberculosis patients, a supply of nursing requisites such as mackintosh sheeting, bed rests, bed pans, etc., is maintained for all types of illness. These are available on loan against payment of a deposit and a loan charge to any cases which may require them. In addition wheel chairs can be loaned to cripples to enable them to be taken out by their family.

Convalescent treatment was provided with the assistance of the Committee in five cases. In these cases vacancies were obtained at the convalescent homes, and where economic circumstances required financial assistance was also given.

Hopes of instituting an Occupational Therapy service in the Division were dashed when the Committee's recommendation that an instructor should be appointed was turned down by the County Health Committee.

Domestic helps

This service has proved of great value during the year, assistance having been given in 95 cases.

The Domestic Helps go into the home when the mother is incapacitated by ill-health or child birth and take over the whole running of the home, cleaning up, cooking, shopping, and looking after the children. Payment for the service is made according to the financial circumstances of the recipient, but in one or two cases a reduction has been made by the Committee.

Health education

Health education has continued during the year with lectures given by the Divisional Medical Officer to organisations and groups of interested persons. Posters and leaflets have been displayed at the Welfare Centres and elsewhere. The main work of Health education, however, is carried on by the Health Visitors and the Doctors at the Welfare Centres. There is no doubt that the most effective way of educating parents is by personal conversation. They can disregard letters and posters, and stay away from lectures, but, when tackled individually, either in their homes or in the centres, they must listen and are bound to absorb some of the advice given to them. Their response to this advice is most gratifying in the vast majority of cases, and this alone proved the value of the personal approach.

The Divisional Medical Officer and members of the Health Visiting and Nursing Staffs attended courses on Health Education during the year.

APPENDIX

SUMMARY OF LOCAL HEALTH AUTHORITY SERVICES IN THE SALE AND LYMM DIVISION

Divisional Health Officer	....	....	Town Hall, Sale
Mothers' Clinics (Sale Welfare Centre)			
Ante-Natal Clinic	....	....	1st, 3rd and 4th Wednesday afternoon
Post-Natal Clinic	....	....	4th Wednesday afternoon
Dental Treatment	....	....	Sale Welfare Centre—by appointment
Infant Welfare Clinics			
Sale Chapel Road Centre	....	....	Each Tuesday and Thursday afternoon
Sale Moor Centre	....	....	Each Thursday afternoon
Sale Raglan Road Centre	....	....	Each 1st and 3rd Tuesday afternoon
Toddlers' Clinic	....	....	Sale Welfare Centre—2nd Wednesday afternoon
Specialist Clinics (Sale Welfare Centre)			
Ophthalmic	....	....	By appointment
Paediatric	....	....	2nd Monday afternoon
Ear, nose and throat	....	....	1st Tuesday morning
Sunlight	....	....	By appointment
Day Nursery, Harley Road, Sale			Matron: Mrs. E. Howitt
Midwives			
Nurse D. Lindley	....	....	65 Derbyshire Road South, Sale
Nurse I. E. Thompson	....	....	6 Lansdowne Road, Sale
Health Visitors			
Nurse H. Wingfield	....	....	70 Chapel Road, Sale
Nurse B. Cunliffe	....	....
Nurse E. Heywood	....	....
Nurse E. Johnson	....	....
Home Nurses			
Nurse E. M. Newbegin	....	....	22 Georges Road, Sale
Nurse M. Smith	....	....	12 Friars Road, Sale
Nurse W. F. Raad	....	....	107 Royton Avenue, Sale
Vaccination and immunisation clinics			
Sale Welfare Centre	....	....	Each Friday morning
Ambulance station			
31-33 Chapel Road, Sale	....	....	Supervisor: Mr. J. B. Kirkby
Care and after-care			
Nursing requisites on application to the Divisional Health Office			
Domestic help			
On application to the Divisional Health Office			



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